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# புதுச்சேரி மாநில அரசிதழ்

## La Gazette de L'État de Poudouchéry

### The Gazette of Puducherry

#### PART - II

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#### GOVERNMENT OF PUDUCHERRY SOCIAL WELFARE (SECRETARIAT)

(G.O. Ms. No. 6/2014-15/SWD, dated 6th January 2015)

#### NOTIFICATION

The Lieutenant-Governor, Puducherry is pleased to approve framing of rules and regulations under the Plan Scheme for grant of financial assistance to Hearing Impaired/Visually Impaired students to pursue Special Higher Educational Courses in the Educational Institutions inside or outside the Union territory of Puducherry and for the said purpose hereby makes the following rules, viz.

“Reimbursement of Educational Expenses to the Differently Abled Students who are studying Special Higher Educational Courses inside or outside the Union Territory of Puducherry Rules, 2014”.

2. This issues with the concurrence of the Finance Department vide their U.O. No. 2411/F5/A2, dated 2-12-2014.

(By order of the Lieutenant-Governor)

**K. UTHAMAN,**

Under Secretary to Government (Social Welfare).

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SCHEME FOR REIMBURSEMENT OF EDUCATIONAL EXPENSES  
TO THE DIFFERENTLY ABLED STUDENTS WHO ARE STUDYING  
SPECIAL HIGHER EDUCATIONAL COURSES IN INSIDE  
OR OUTSIDE THE UNION TERRITORY OF PUDUCHERRY

1. *Short title, extent and commencement.*—(i) These rules may be called the “Reimbursement of Educational Expenses to the Differently Abled Students who are studying Special Higher Educational Courses inside or outside the Union Territory of Puducherry Rules, 2014”.

(ii) They shall extend to the whole of the Union territory of Puducherry.

(iii) These shall come into effect during the academic year 2014-15.

2. *Object.*— The object of the scheme is to provide financial assistance to the Hearing Impaired Students/Visually Impaired Students to pursue their special higher studies.

*Scope.*—This financial assistance is awarded to the differently abled students those who are belonging to Union territory of Puducherry for studying Special Higher Educational Courses in the educational institutions inside or outside the Union territory of Puducherry.

3. *Definitions.*— In these rules, unless the context otherwise requires,—

(i) “Department” means the Department of Social Welfare.

(ii) “Director” means the Director of Social Welfare.

(iii) “Government” means the Administrator of the Union territory of Puducherry appointed under Article 239 of Constitution of India.

(iv) “Medical Authority” means any Medical Officer not below the rank of Specialist Grade-II (Junior Scale) in the field of Disability concerned of the Government General Hospital, Puducherry.

4. *Eligibility conditions.*— (i) He/She shall be a person with disability of not less than 40 percentage.

(ii) He/She shall be a native of the Union territory of Puducherry by birth or by continuous residence of not less than 5 years immediately preceding the date of application. A person who claims nativity by virtue of birth and who has not resided in the Union Territory for a continuous period of at least 5 years on the date of applications shall not be eligible for the assistance under this scheme.

(iii) This financial assistance will be given to the differently abled students studying their Special Higher Education in the recognised Special Educational Institutions for the differently abled person inside or outside of Union territory of Puducherry after passing the Matriculation or Higher Secondary whichever is eligible for the higher education.

(iv) Only Hearing Impaired/Blind students in relation to the Union territory of Puducherry in which the applicant actually belongs *i.e.*, permanently settled and who have passed the Matriculation/Higher Secondary examination of a Board of Secondary Educations will be eligible.

(v) Financial assistance holder who is receiving coaching in any of the pre-examination training centres with financial assistance from the Central Government/State Government will not be eligible for this financial assistance under this scheme.

(vi) Financial assistance will be paid to the students whose parent's/guardian's income from all sources does not exceed ₹ 2,00,000 per annum.

(vii) Candidate studying as part time students or studying privately or in any recognised institution or through correspondence courses are not eligible.

5. *Rate of financial assistance.*— The rates of the financial assistance will be as under:

B.Tech.	. . . ₹ 1,00,000 per annum (Maximum)
(Under Speech and Hearing Impaired Programme (SHIP)	or actual tuition fees and hostel fees paid by the student whichever is less.

6. *Allocation of financial assistance.*— Every year 15 fresh financial assistance will be allocated each B.Tech. (Under Speech and Hearing Impaired Programme (SHIP) in the recognised special educational institutions *i.e.*, Kalasalingam University (Kalasalingam Academy of Research and Education), Krishnan Koil, Tamil Nadu.

7. *Period of reimbursement.*— The period of reimbursement shall be the normal duration of the respective course and the reimbursement shall be made once in a year only after producing original receipt for payment of the fees. Financial assistance once awarded will continue till the completion of that course. The renewal will depend on the promotion of students to the next year with a pass in all subjects. (Even students who failed in the subjects on medical ground, but promoted to next year are not eligible).

8. *Procedure for sanction.*— The application in the prescribed format appended to these rules shall be submitted to the Director of Social Welfare through the Head of respective Special Educational Institution with required particulars for reimbursement of tuition fees and hostel fees paid by differently abled students. After obtaining necessary approval/sanction of the Government, the Director, Social Welfare shall reimburse the amount to the differently abled student through the Heads of respective Institutions.

9. *Mode of reimbursement.*— (1) The payment will be made by the Directorate of Social Welfare, Puducherry, the following procedure will be followed in drawing and disbursing the financial assistance.

(i) The eligible differently abled beneficiaries shall submit application in the form appended to these rules as in Annexure-I.

(ii) The financial assistance will be drawn by the Director, Social Welfare Department, Puducherry.

(iii) The financial Assistance will be disbursed to the differently abled students through Head of Institution.

(2) The payment of financial assistance will start from the year the admission is obtained. In case of renewal of financial assistance for the succeeding year, the financial assistance will be paid from the year following that for which the financial assistance was paid during the previous academic year, if the course of study is continuous on *e.g.* B.Tech., (I year) to B.Tech., (II year) etc., on receipt of the Annual Progress Report as in Annexure-II which will obtain information regarding percentage of marks and with supporting documents from that institutions.

10. *Payment of financial assistance during leave.*—(1) The financial assistance during leave will be admissible as follows:

If absence is due to illness supported by Medical Certificates from a Registered Medical Practitioner:

(a) Full financial assistance, if the absence does not exceed two months.

(b) Half financial assistance, if the absence exceeds two months but not four months.

11. *Removal of doubts.*— If any doubt arises as to the interpretation of these rules, the decision of the Government thereon shall be final.

GOVERNMENT OF PUDUCHERRY  
**DIRECTORATE OF SOCIAL WELFARE**

ANNEXURE-I

[Rule 8]

APPLICATION FOR "REIMBURSEMENT OF EDUCATIONAL  
EXPENSES TO THE DIFFERENTLY ABLED STUDENTS WHO  
ARE STUDYING SPECIAL HIGHER EDUCATIONAL COURSES IN  
SPECIAL EDUCATIONAL INSTITUTION INSIDE OR OUTSIDE  
THE UNION TERRITORY OF PUDUCHERRY

Photo

1. Name in full ( in block letters) :
2. Father's/Guardian's name :
3. Father's/Guardian's occupation :
4. (i) Place and date of birth :
- (ii) Nationality :  
(Nationality and Residence  
certificate to be attached)
5. Nature of disability with % :
6. Caste/Religion :
7. Whether native of Puducherry :  
by birth or by continuous residence  
of not less than five years?
8. Father's /Guardian's annual :  
income (Income certificate to  
be attached).
9. Residential address of applicant : Permanent :  
Temporary :
10. Details of Aadhaar Card :

11. Name and address of institution :  
where presently studying.
12. Course and year of study for which :  
the reimbursement of tuition fees  
is sought for.  
(a) Duration of the course : :
13. Name of the institution in which :  
the student studied last.
14. Name and year of the course last :  
studied.
15. Total marks secured and percentage :  
of mark secured in H.S.C/S.S.L.C.
16. Item-wise details of actual tuition and :  
other fees paid by the student  
(i.e., compulsory non-refundable  
fees only).
17. List of enclosures : (i) Original receipt  
(ii) Attested copy of the H.S.C./  
S.S.L.C. mark list.  
(iii) Caste/Nativity Certificate

Certified that the particulars furnished above are correct to the best of my knowledge and belief. I undertake to repay the entire amount of reimbursement already paid to me in the event of any of the particulars furnished above are found not correct.

*Signature of the applicant.*

Place :

Date :

CERTIFICATE TO BE FURNISHED BY THE HEAD OF  
INSTITUTION IN WHICH THE STUDENT IS STUDYING

Certified that :

- (i) The information given by the applicant have been verified and found to be correct.
- (ii) The applicant is required to remit the tuition and other fees as detailed in Sl. No. 15 of the Application Form and they are non-refundable by this institution.
- (iii) This institution is affiliated to .....  
University/Board and is recognised by the Government of India/  
State Government of ..... .
- (iv) The applicant is pursuing ..... course of  
duration of ..... (Semester) in this Institution.
- (v) The individual is not in receipt of any other Post-Matric  
Scholarship from any other source.

Place : *Signature of the Head of Institution*

Date : Name in capital letters :

Seal of the Institution : Designation :

Address :



*This certificate should be signed by a Revenue official not below the rank of Deputy Tahsildar of Taluk or Sub-Taluk Office concerned*

### CERTIFICATE

I certify to the best of my knowledge that Thiru/Tmt./Selvi ..... son/daughter/wife of Thiru ..... is a resident / native of the Union territory of Puducherry by virtue of his/her birth/continuous residence of not less than five years.

(ii) He/She belongs to ..... caste which is recognised as ..... and religion is .....

(iii) The total combined income from all sources of both parents/ guardian of Thiru/Tmt./Selvi..... is ₹ ..... (Rupees .....). per annum.

Place:

*Signature*

Date :

Name in block letters :

Office seal :

Designation :

GOVERNMENT OF PUDUCHERRY  
**DIRECTORATE OF SOCIAL WELFARE**

ANNEXURE-II

ANNUAL PROGRESS REPORT FOR THE YEAR 20 - 20

[Rule 9 (2)]

1. Name (in Capital letters) :
2. Name of the institution :
3. Nature of disability with :  
percentage.
4. Last year Sanction Order No. :  
and date.
5. Number and date of demand :  
draft.
6. Course of present study :
7. Whether promoted to next :  
higher class.
8. The date on which he/she :  
joined the class in the current  
academic year.
9. The month in which his/her :  
university examination of the  
current academic year will be  
ordinarily be over.
10. (a) Details of marks obtained :  
in the non-semester/  
semester examination.  
(b) Total number of maximum :  
marks.  
(c) Marks obtained by the :  
Scholar (Both semester).  
(d) Percentage of marks :  
obtained by the Scholar  
(Aggregate percentage  
of both semester).

11. Character and conduct of the :  
student.

12. Specific recommendation of :  
the Principal/Head of the  
Institutions.

13. It is certified that the financial assistance (Renewal) now recommendation for the course ..... year of .....has not been claimed and disbursed to the students before. The financial assistance granted in the G.O. cited in column 4 has been fully disbursed to the student concerned and his/her stamped acquittance obtained in duplicate and a copy has been submitted to the Social Welfare Department, Puducherry.

Place :

*Signature of the Head of Institution.*

Date :

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